

**CITY OF EL PASO
DIVISION OF RECORDS MANAGEMENT
ARCHIVES DEED OF GIFT FORM**

DEED OF GIFT

Donor Name : _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

Object(s) and Description:

I(We), being the sole legal owner(s) of the property described above, irrevocably give, transfer, and assign to the Division of Records Management, Municipal Clerk's Department, City of El Paso, for its use and benefit by way of gift, all right, title, and interest (including all copyright, trademark, and related interests), without restriction as to use or disposition, the property described above. I(we) affirm that to the best of my(our) knowledge, I(we) have good complete right, title, and interests (including all transferred copyright, trademark, and related interests) to give.

I(we) wish my(our) name(s) as donor(s) in connection with this gift to appear as follows in Archives records, publications, and other descriptions:

Donor

Date

Donor

Date

The Division of Records Management hereby acknowledges receipt of the above Deed of Gift.

Division of Records Management

Date

Please sign, date and return designated copy to: Division of Records Management, Municipal Clerk's Department, 2 Civic Center Plaza, El Paso, Texas 79901.

